

The County Practice

Quality Report

The County Practice
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The County Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The County Practice on 17 January 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient survey figures showed patients rated the practice higher than others for most aspects of care. Comments about the practice and staff were positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.

Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular meetings. However the practice did not always update action plans and documents such as risk assessments to say they had been completed.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had identified 70 patients as carers (0.6% of the practice list).

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Update action plans accordingly to evidence completed actions

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However the practice were not tracking the blank forms in printers throughout the practice. We spoke with the practice who immediately updated the process.
- Uncollected prescriptions were checked periodically. We checked a sample and found that there were uncollected prescriptions that had not been reviewed by a GP. Following the inspection the practice forwarded an amended process which stated these would be checked monthly and all prescriptions over six weeks old would be reviewed by a GP. A process in relation to this was also sent following the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice did not have a formal process for the review of NICE guidance. We were told that these were discussed in the daily coffee meetings which were not minuted. The practice said at the inspection that they were going to incorporate this as an agenda item for the clinical meetings.
- There was evidence of quality improvement including clinical audit.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a system in place to monitor and ensure that staff had completed training when it would need updating.
- There was evidence of appraisals and personal development plans. Some administrative staff had not received an appraisal within the last 12 months. However these had been booked for February/March 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (0.6% of the practice list).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice offered pre-bookable appointments on Monday and Friday 7.30am to 8am and Tuesday 6.30pm to 7.30pm.
- Patients had same day access for acute problems. Patients would be able to attend and wait to see a duty doctor.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However the practice did not always update action plans and documents such as risk assessments to say they had been completed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients had a named accountable GP to enable continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Reviews were completed in patients home where required.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients. This included a pilot scheme to incorporate an Integrated Care Coordinator to allow referrals and support from a social services perspective.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had nurse led chronic disease appointments for routine reviews
- Performance for diabetes related indicators was comparable to CCG and national averages. (93% compared to 93% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- The practice worked with community specialist nurses for heart failure, complex diabetic patients and chronic obstructive pulmonary disease patients.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- The practice had an effective immunisation service and non-attenders were followed up.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average and national average of 82%.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Appointments were available on Monday and Friday 7.30am to 8am and Tuesday 6.30pm to 7.30pm.
- Telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The register was monitored to ensure patients were attending for their annual reviews.
- The practice offered longer appointments for patients with a learning disability with a named nurse to enable continuity of care for reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 81% and the national average of 84%.
- 100% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had completed dementia awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 221 survey forms were distributed and 109 were returned. This represented 0.9% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Two of the comments whilst positive about the care and staff at the practice mentioned that it was at times difficult to get an appointment with a GP of their choice. The other comment cards said that they had no problems getting an appointment when they needed one with many stating that the online booking and the on the day access was most helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

- Update action plans accordingly to evidence completed actions

The County Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and practice manager specialist advisor.

Background to The County Practice

The County Practice is a four partner practice supported by a two salaried GP which provides primary care services to approximately 11900 under a General Medical Services (GMS) contract.

- The practice is situated close to public transport and has parking facilities, including disabled bays. The car park is pay on foot as it is close to the town centre however there is also parking on the street.
- Services are provided from Syston Health Centre, 1330 Melton Road, Syston, Leicester, LE7 2EQ.
- The practice consists of four GP partners (Two male and two female) and two salaried GPs (Male and female).
- The all female nursing team consists of three practice nurses and three health care assistants (HCAs).
- The practice has a practice manager and assistant manager who are supported by an IT manager and senior receptionist. There are 12 clerical and administrative staff to support the day to day running of the practice.
- When the practice is closed patients are able to use the NHS 111 out of hour's service.

- The practice has low deprivation and sits in the ninth least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; diagnostic and screening procedures, family planning; maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice is an approved training practice for trainee doctors, registrars and medical students.
- The practice lies within the NHS East Leicestershire and Rutland Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8.30am and 6pm Monday to Friday. There prebookable extended hours appointments Monday and Friday 7.30am to 8am and Tuesday 6.30pm to 7.30pm.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with a range of staff (GPs, practice management, nursing staff and administrative staff).
- Spoke with five members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would complete the incident reporting form on the practice computer system which would be forwarded to the practice manager. These would then be discussed at the next meeting.
- The incident recording forms that had been completed showed the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of significant events at practice meetings.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had been discussed that had occurred with the full clinical team to look at ways to deal with a similar patient in the future. Other actions following incidents were that new door openers had been purchased. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a log that showed the practice disseminated and actioned these as necessary. Patient safety alerts were applicable were discussed in clinical meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases. The practice had monthly safeguarding meetings which the health visitor attended. The practice discussed safeguarding weekly and this was a standing agenda item on the clinical meetings.

- A notice in the waiting room and on the doors of all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. This lead had not had any training in relation to been the lead for infection control and felt that they would benefit from this. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Environmental checks were completed by the estates manager alongside a staff member for example, practice manager, GP or Nurse. The practice had action plans alongside the audits and whilst we saw evidence that the actions were completed the plans were not always updated to reflect this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However the practice were not tracking the blank forms in printers throughout the practice. We spoke with the practice who immediately updated the process. Uncollected prescriptions were checked periodically. We checked a sample and found that there were uncollected prescriptions that had not been reviewed by a GP. Following the inspection the practice forwarded an amended process which stated these would be checked monthly and all prescriptions over six weeks old would be reviewed by a GP. A process in relation to this was also sent following the inspection. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and policy. Fire drills were carried out annually with the last one in May 2016. There was a detailed report of the outcome of the fire drill and there were no issues. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had completed a variety of risk assessments for other situations that had been identified a risk, such as car park risk assessment and liquid nitrogen. These were rated with mitigating actions in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency equipment and medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, evacuation procedures and contact numbers of suppliers and contractors, such as gas and water companies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not have a formal process for the review of NICE guidance. We were told that these were discussed in the daily coffee meetings which were not minuted. The practice said at the inspection that they were going to incorporate this as an agenda item for the clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. Exception reporting for the practice was 6% which was below national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. (93% compared to 92% CCG average and 90% national average).

- Performance for mental health related indicators comparable to CCG and national averages. (100% compared with 97% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed.
- Two audits we looked at were completed, two cycle audits where the improvements made were implemented and monitored. One in relation to evaluate the diagnosis of uncomplicated urinary tract infections and one in relation to prescribing.
- Audits had been discussed and reviewed at clinical meetings.
- Audits had been identified through significant events, safety alerts and NICE guidance.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, new protocols implemented.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had a training file for each staff member and the practice manager was in the process of completing a matrix to show all the staff and the training that they had with dates. This would enable the practice to have a full understanding of all training and when training was due for review. The practice also used an on line elearning training package which enabled reports to be produced showing who had completed training topics and who needed to update.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. Some administrative staff had not received an appraisal within the last 12 months. However these had been booked for February/March 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had an effective process for ensuring patients attended for the cervical screening and letters were sent or telephone calls were made by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75's. The practice also offered health checks to those patients identified as carers. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The waiting area was situated away from consulting rooms and reception.
- The practice had a television playing health promotion videos which helped to assist with confidentiality at reception.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign at reception offering this.

We received 38 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Two of the comments whilst positive about the care and staff at the practice mentioned that it was at times difficult to get an appointment with a GP of their choice. The other comment cards said that they had no problems getting an appointment when they needed one with many stating that the online booking and the on the day access was most helpful.

We spoke with five members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average 96% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that staff put them at ease. Comments said that they had continuity of care and we saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop for those that required it.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (0.6% of the practice list). The practice had a form to complete for patients that were identified as carers. The practice had recently discussed the low number of carers identified at a practice meeting. Some of this was possibly due to coding of patients on the computer system. Carers that were identified were highlighted as such and were offered support and signposting to external organisations. Carers were also offered a flu vaccination.

Staff told us that if families had suffered bereavement the GP contacted the families to offer a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients had same day access for acute problems. Patients would be able to attend and wait to see a duty doctor. This was not for patients for routine appointments or for medication requests.
- There were disabled facilities, a hearing loop and translation services available.
- Pre-bookable appointments were available on Monday and Friday 7.30am to 8am and Tuesday 6.30pm to 7.30pm.

Access to the service

- The practice was open between 8.30am and 6pm Monday to Friday. There were prebookable extended hours appointments Monday and Friday 7.30am to 8am and Tuesday 6.30pm to 7.30pm. GP appointments were available on the day and pre-bookable appointments could be booked four weeks in advance. Telephone consultations were available with a GP of your choice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice recorded all complaints even if they were made verbally.

We looked at six complaints the practice had received in the last 12 months and found this was handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had an ethos of striving for excellence and patient-centred care in general practice.
- The practice had identified challenges and had a forward view for development and were looking at ways to overcome these by working with other practices and other stakeholders.

Governance arrangements

The practice had an effective overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff either on the shared drive or hard copy in a folder.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice did not always update action plans and documents such as risk assessments to say they had been completed.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings of which minutes were available.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management in the practice.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.
- The GP's met daily for coffee and discussion. These meetings were informal but discussed general wellbeing and any patient concerns that needed to be shared.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and were involved with proposals for improvements to the practice.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had made changes following feedback from staff and patients. For example, high backed arm chairs in reception and a clock on the wall in reception.

Continuous improvement

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking.

- All GPs had spent time at the practice training prior to becoming partners or salaried GPs.

- The practice were working alongside two pharmacists to support them in prescribing.
- The practice had been involved in training for over 40 years and had numerous success stories from previous trainees.